



Mitchell E. Daniels, Jr., Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
Anne Waltermann Murphy, Secretary

# Indiana Eligibility Modernization

## V-CAN Enhancement Training

February / March 2009



# Contents

- Modernization Update
- Recent and Upcoming Enhancements
  - Applying for Benefits
  - Managing Benefits
- Assisting Clients in the New System
- Questions

## Modernization Update

- FSSA and the IBM-led Coalition have been working to enhance the ways to apply for and manage benefits
- Ongoing Outreach to Clients and V-CAN Members
  - Client Open Houses (*June - November 2008*)
  - Advanced V-CAN Training (*July - August 2008*)
  - V-CAN Site Visits (*starting in August 2008*)
  - Client Informational Videos (*January and March 2009*)
  - FSSA DFRv Assistance (*starting in January 2009*)
  - V-CAN Enhancement Training (*February – March 2009*)
    - In-person Training and Webinars / Conference Calls



## Modernization Update (cont.)

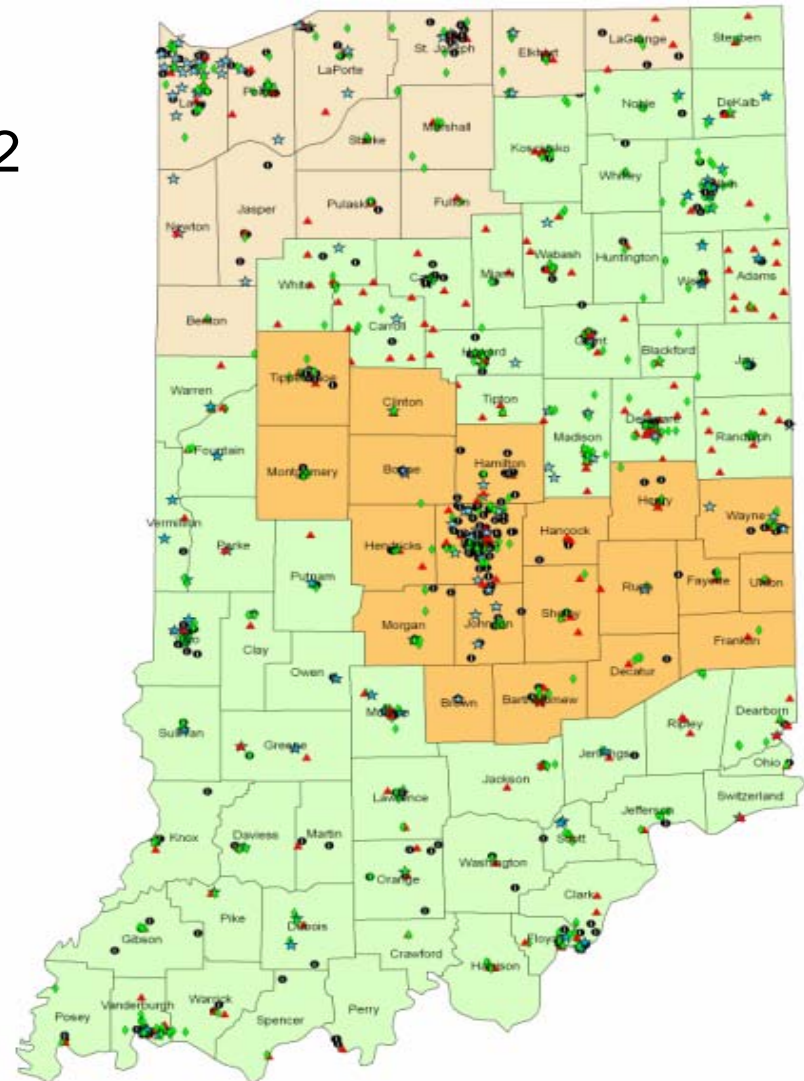
- New Tool Usage (as of 2/6/09)
  - Over 3.8 million calls to the Service Center
    - Average Call Response Time (since 10/29/07) under 5 minutes
  - Over 119,000 online applications submitted
  - Over 4 million documents FAXed or received at a local DFR office
  - Over 2.3 million hard copy documents received and scanned

## V-CAN Membership Update

V-CAN Members Statewide: 1,432

*(as of 2/6/09)*

- Access Points: 684
- Referral Members: 320
- Informational Members: 428



## Client Informational Videos

- Informational videos for clients focus on what has changed and how to use the new system.
- A series of videos are posted on the FSSA website and in local DFR offices for clients in modernized counties.
  - What has changed at DFR?
  - What happens when I apply for benefits?
  - I'm already getting benefits. What do I need to do?
  - How do I get started on the phone?
- More Videos Coming Soon!
  - Am I eligible for benefits?
  - How can I use a computer to apply?
  - How do I check my case status?
  - How do I report changes with my work or home?



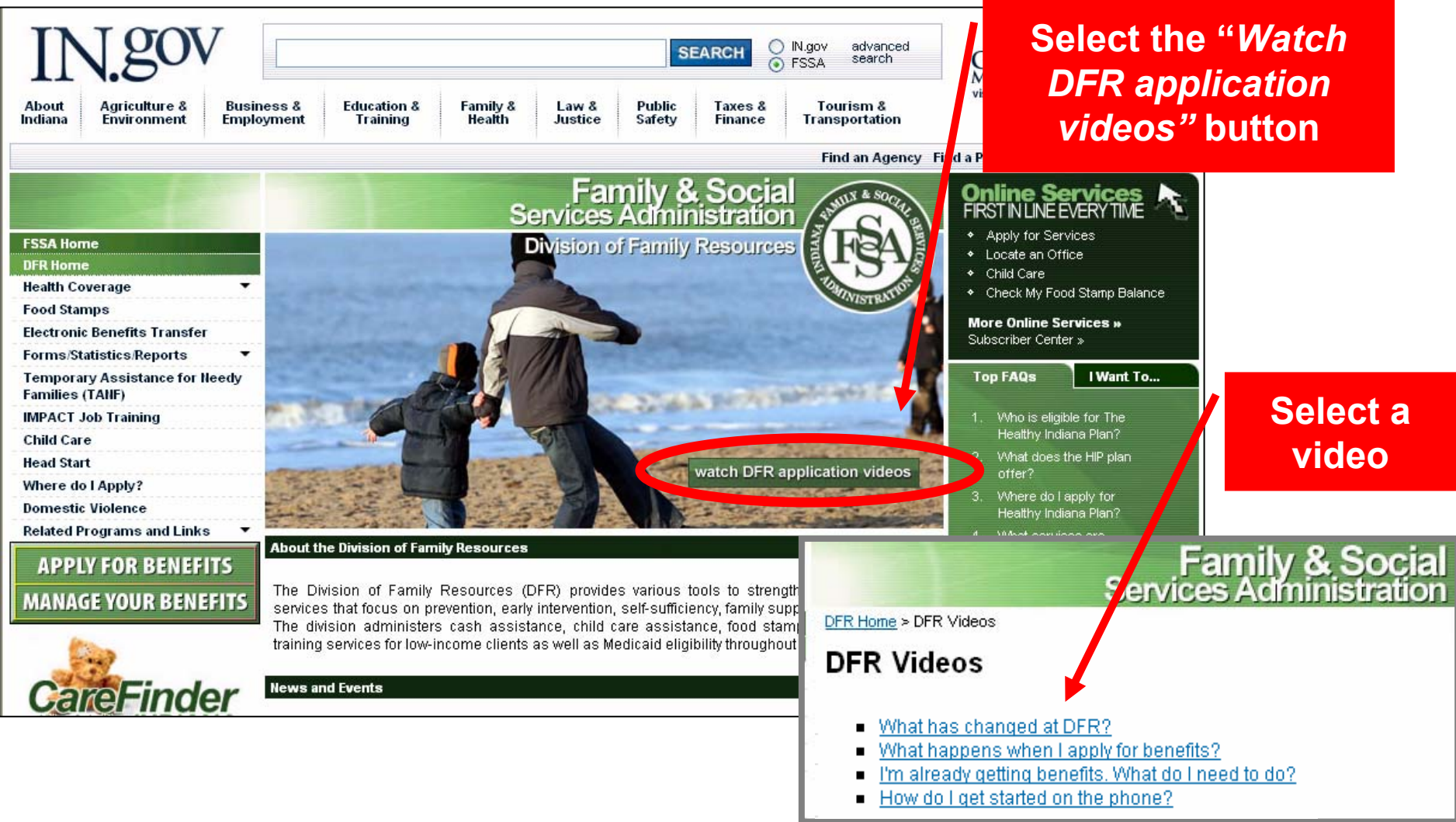
# Client Informational Videos (cont.)

Go to the FSSA homepage, [www.in.gov/fssa](http://www.in.gov/fssa)



The screenshot shows the IN.gov website with the FSSA (Family & Social Services Administration) section highlighted. A red callout box with the text "Select Family Resources" points to the "Family Resources" link in the left sidebar. The sidebar also includes links for FSSA Home, About FSSA, Aging, Disability & Rehabilitative Services, Medicaid/Health Plans, Mental Health & Addiction, Newsroom, Offices & Facilities, Statistics & Reports, Related Agencies & Links, Contact Us/Toll Free Numbers, Fraud Hotline, Current Initiatives / Issues, Care Management, DMHA Localization, and Eligibility Modernization. The main content area features a large banner for "DFR can help you maintain your family's well-being." with a "learn more" button. Below the banner is a "Press Releases and Events Calendar" section. The right sidebar contains "Online Services" (Child Carefinder, Forms, Apply for Services, Hoosier Healthwise Enrollment Centers), "More Online Services" (Subscriber Center), "Top FAQs", and "I Want To..." with a list of five questions.

## Client Informational Videos (cont.)



**IN.gov**

SEARCH  IN.gov advanced search FSSA

About Indiana Agriculture & Environment Business & Employment Education & Training Family & Health Law & Justice Public Safety Taxes & Finance Tourism & Transportation

Find an Agency Find a Program

**Family & Social Services Administration**  
Division of Family Resources

**watch DFR application videos**

**Online Services**  
FIRST IN LINE EVERY TIME

- Apply for Services
- Locate an Office
- Child Care
- Check My Food Stamp Balance

**More Online Services »**  
Subscriber Center »

**Top FAQs** **I Want To...**

- Who is eligible for The Healthy Indiana Plan?
- What does the HIP plan offer?
- Where do I apply for Healthy Indiana Plan?
- What services are...

**APPLY FOR BENEFITS**  
**MANAGE YOUR BENEFITS**

**CareFinder**

**About the Division of Family Resources**

The Division of Family Resources (DFR) provides various tools to strength services that focus on prevention, early intervention, self-sufficiency, family support. The division administers cash assistance, child care assistance, food stamp training services for low-income clients as well as Medicaid eligibility throughout

**News and Events**

**DFR Home** > DFR Videos

**DFR Videos**

- [What has changed at DFR?](#)
- [What happens when I apply for benefits?](#)
- [I'm already getting benefits. What do I need to do?](#)
- [How do I get started on the phone?](#)



# Recent and Upcoming Enhancements

## *Applying for Benefits*

- ✓ Simplified Online Application (Spring & Summer 2009)
- ✓ Electronic Signature (Spring 2009)
- ✓ Shorter Paper Application (Spring 2009)

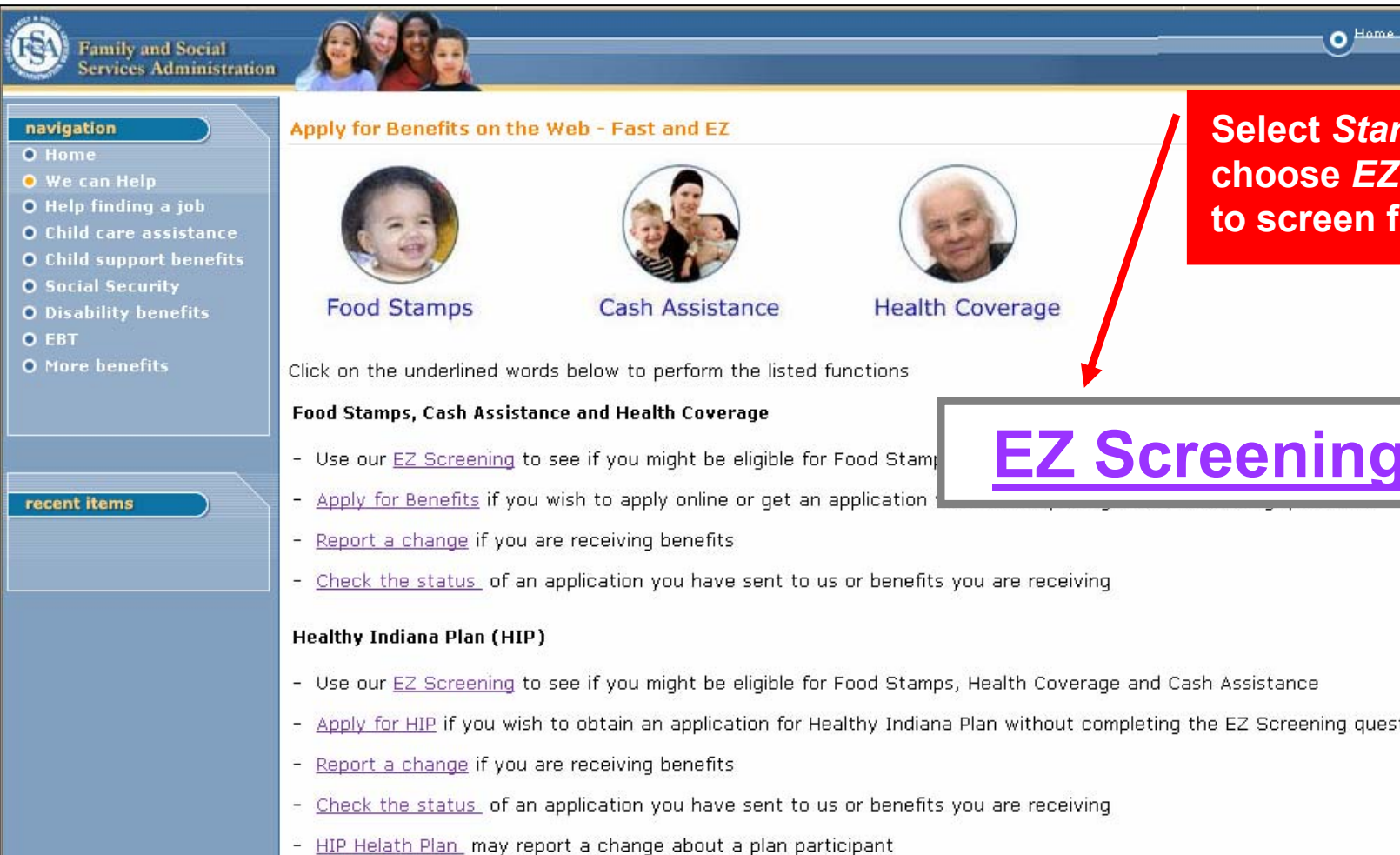


# Simplified Online Application

## ***Available in Spring and Summer 2009***

- The online application is being redesigned to become easier to read and navigate for both applicants and Authorized Representatives.
- Improvements include:
  - A summary of Rights and Responsibilities for applicants to read and acknowledge online (*Spring 2009*)
  - Complete and print an online application for household with more than five members (*Spring 2009*)
  - Implement an Easy Web Browser for visually or hearing impaired applicants (*Summer 2009*)
  - Multiple Authorized Representatives may be entered online and printed with the application summary (*Summer 2009*)

## Simplified Online Application (cont.)



**Family and Social Services Administration**


[Home](#)


**navigation**


- [Home](#)
- [We can Help](#)
- [Help finding a job](#)
- [Child care assistance](#)
- [Child support benefits](#)
- [Social Security](#)
- [Disability benefits](#)
- [EBT](#)
- [More benefits](#)

**recent items**

**Apply for Benefits on the Web - Fast and EZ**

 **Food Stamps**

 **Cash Assistance**

 **Health Coverage**

Click on the underlined words below to perform the listed functions

**Food Stamps, Cash Assistance and Health Coverage**

- Use our [EZ Screening](#) to see if you might be eligible for Food Stamp
- [Apply for Benefits](#) if you wish to apply online or get an application
- [Report a change](#) if you are receiving benefits
- [Check the status](#) of an application you have sent to us or benefits you are receiving

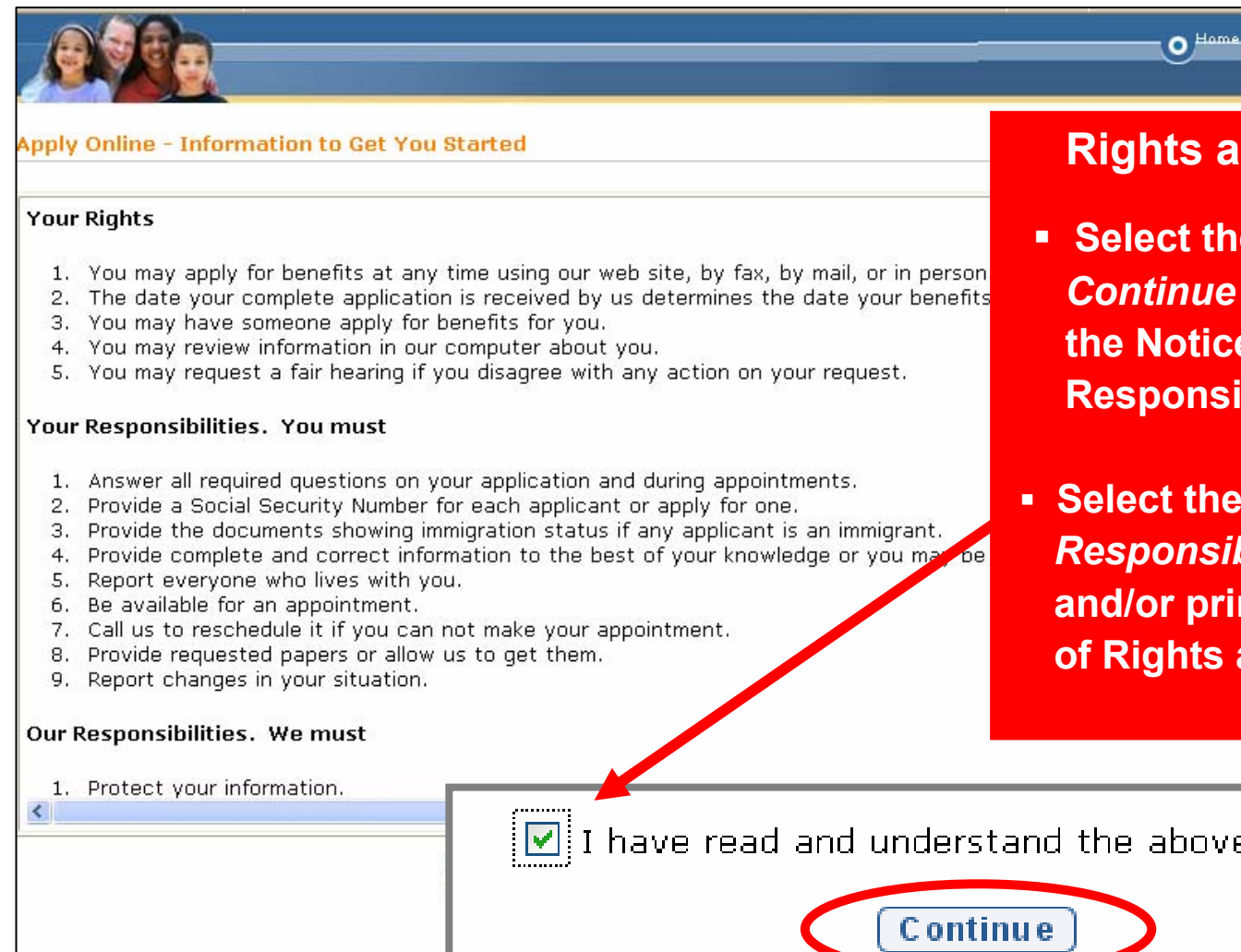
**Healthy Indiana Plan (HIP)**

- Use our [EZ Screening](#) to see if you might be eligible for Food Stamps, Health Coverage and Cash Assistance
- [Apply for HIP](#) if you wish to obtain an application for Healthy Indiana Plan without completing the EZ Screening quest
- [Report a change](#) if you are receiving benefits
- [Check the status](#) of an application you have sent to us or benefits you are receiving
- [HIP Helath Plan](#) may report a change about a plan participant

Select *Start Here*, then choose *EZ Screening* to screen for services

**[EZ Screening](#)**

## Simplified Online Application (cont.)



**Apply Online - Information to Get You Started**

**Your Rights**

1. You may apply for benefits at any time using our web site, by fax, by mail, or in person.
2. The date your complete application is received by us determines the date your benefits begin.
3. You may have someone apply for benefits for you.
4. You may review information in our computer about you.
5. You may request a fair hearing if you disagree with any action on your request.

**Your Responsibilities. You must**

1. Answer all required questions on your application and during appointments.
2. Provide a Social Security Number for each applicant or apply for one.
3. Provide the documents showing immigration status if any applicant is an immigrant.
4. Provide complete and correct information to the best of your knowledge or you may be penalized.
5. Report everyone who lives with you.
6. Be available for an appointment.
7. Call us to reschedule it if you can not make your appointment.
8. Provide requested papers or allow us to get them.
9. Report changes in your situation.

**Our Responsibilities. We must**

1. Protect your information.

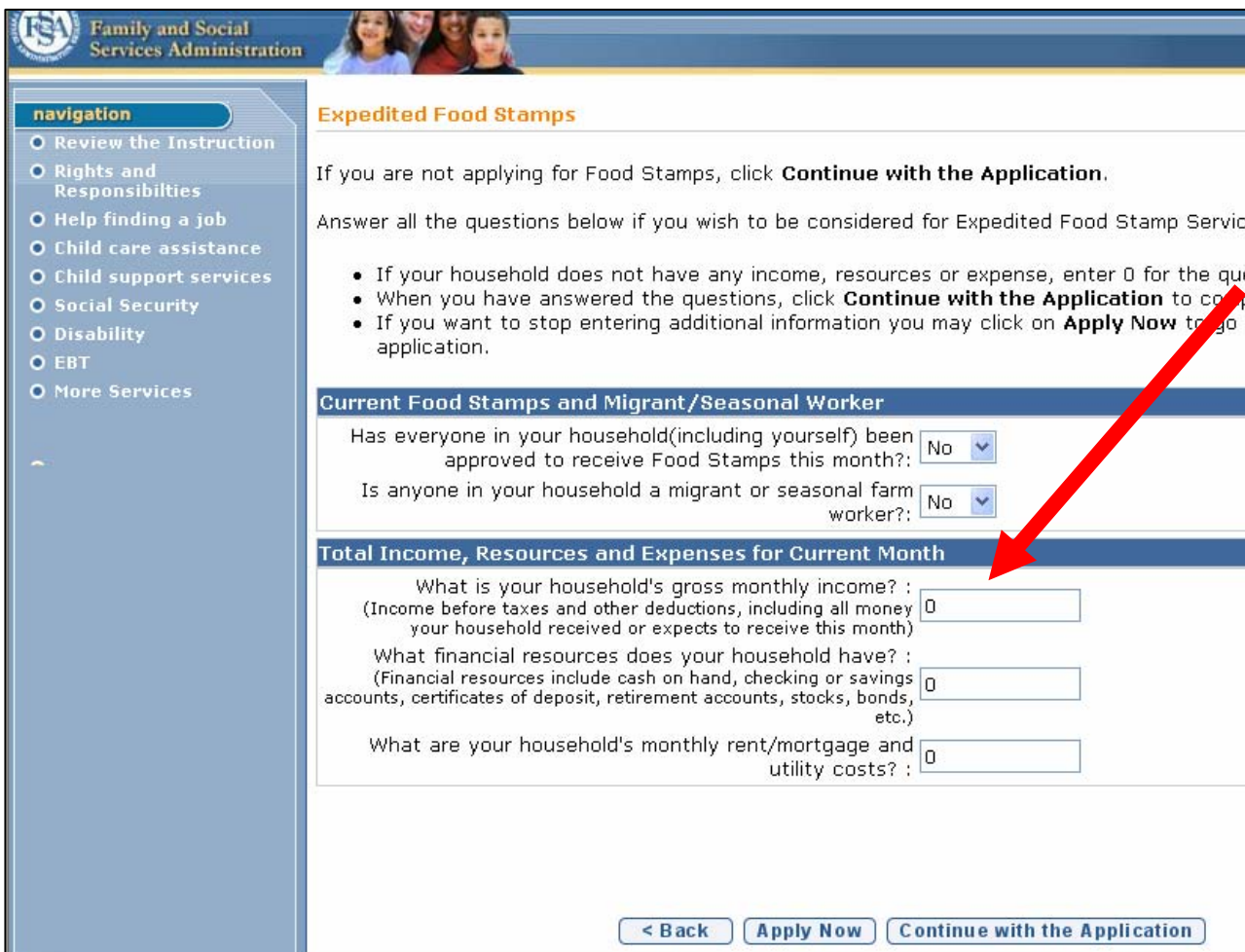
☒ I have read and understand the above information

**Continue**

### Rights and Responsibilities

- Select the *check box* and the *Continue* button to acknowledge the Notice of Rights and Responsibilities
- Select the “*Rights and Responsibilities*” link to view and/or print the complete Notice of Rights and Responsibilities

## Simplified Online Application (cont.)



**Family and Social Services Administration**

**navigation**

- Review the Instruction
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

**Expedited Food Stamps**

If you are not applying for Food Stamps, click **Continue with the Application**.

Answer all the questions below if you wish to be considered for Expedited Food Stamp Service.

- If your household does not have any income, resources or expense, enter 0 for the question.
- When you have answered the questions, click **Continue with the Application** to complete your application.
- If you want to stop entering additional information you may click on **Apply Now** to go to the application.

**Current Food Stamps and Migrant/Seasonal Worker**

Has everyone in your household(including yourself) been approved to receive Food Stamps this month?

Is anyone in your household a migrant or seasonal farm worker?

**Total Income, Resources and Expenses for Current Month**

What is your household's gross monthly income? :   
(Income before taxes and other deductions, including all money your household received or expects to receive this month)

What financial resources does your household have? :   
(Financial resources include cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.)

What are your household's monthly rent/mortgage and utility costs? :

**< Back   Apply Now   Continue with the Application**

### Expedited Food Stamps

- Food Stamp applications that meet Expedited Services criteria will be processed in seven days.
- If a household does not have income, resources or expenses the applicant or their Authorized Representative should enter zero in the box for that item.
- Each question must be answered for the household to be evaluated for Expedited Food Stamp Services.

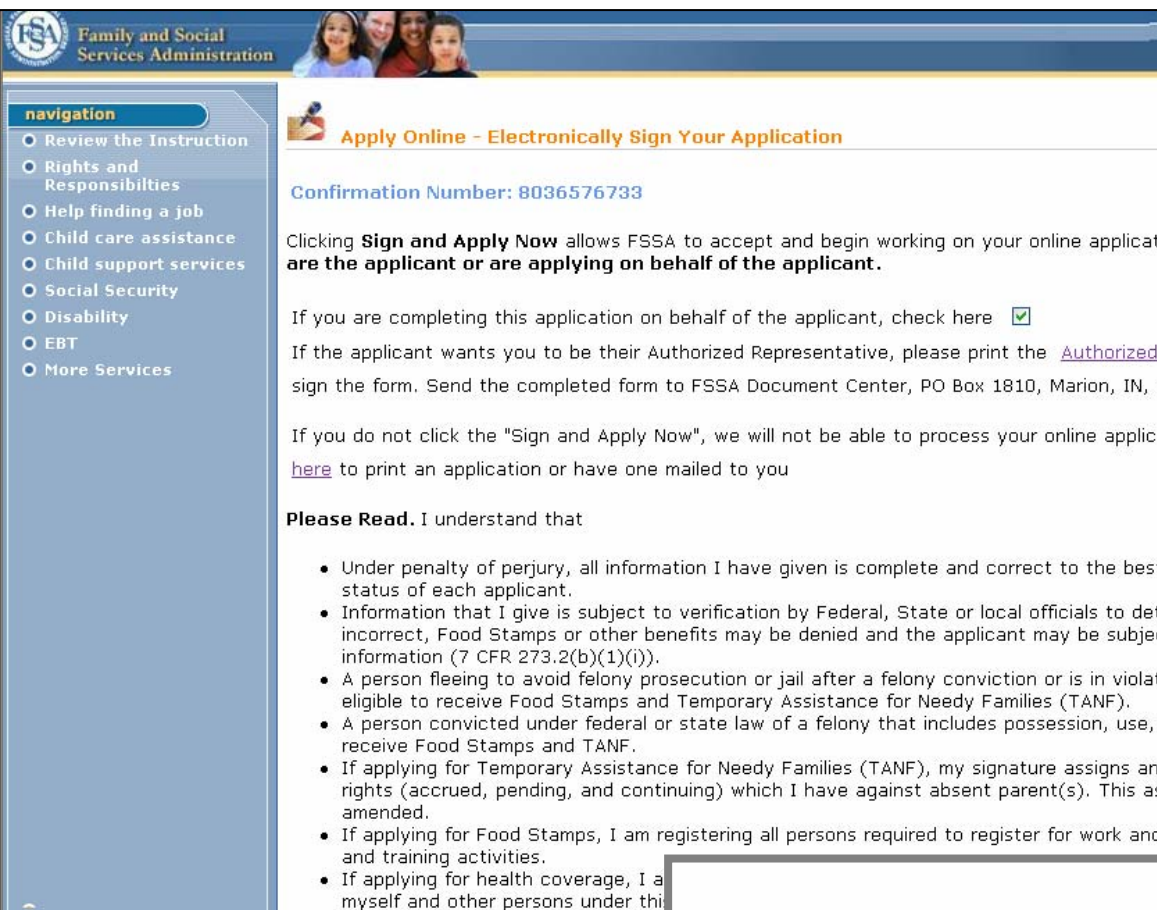


# Electronic Signature

## *Available in Spring 2009*

- New feature allows applicants to sign the online application electronically.
    - Applicants may select the **“Sign and Apply Now”** button at the end of the online application\*
    - Applicants no longer have to print, sign and submit the application signature page
  - After completing and signing the online application, applicants should print or request a mailed copy of the Application Packet.
  - A copy of the Indiana Application for Assistance Signature Page will be included in the Application Packet for client records only (this **should not** be returned to the FSSA Service Center).
- \* *An applicant may print, sign and submit the Signature Page if s/he does not want to use the electronic signature.*

## Electronic Signature (cont.)



**Family and Social Services Administration**

**navigation**

- Review the Instruction
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

**Apply Online - Electronically Sign Your Application**

**Confirmation Number: 8036576733**

Clicking **Sign and Apply Now** allows FSSA to accept and begin working on your online application. **are the applicant or are applying on behalf of the applicant.**

If you are completing this application on behalf of the applicant, check here ☒

If the applicant wants you to be their Authorized Representative, please print the [Authorized Representative](#) form. Send the completed form to FSSA Document Center, PO Box 1810, Marion, IN, 46953.

If you do not click the "Sign and Apply Now", we will not be able to process your online application. You may [here](#) to print an application or have one mailed to you.

**Please Read.** I understand that

- Under penalty of perjury, all information I have given is complete and correct to the best of my knowledge and the status of each applicant.
- Information that I give is subject to verification by Federal, State or local officials to determine if the information is correct. If incorrect, Food Stamps or other benefits may be denied and the applicant may be subject to sanctions (7 CFR 273.2(b)(1)(i)).
- A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole is not eligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- A person convicted under federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive Food Stamps and TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Support the rights (accrued, pending, and continuing) which I have against absent parent(s). This assignment is subject to 42 USC 602(a)(1)(A) as amended.
- If applying for Food Stamps, I am registering all persons required to register for work and perform specific work in the community and training activities.
- If applying for health coverage, I am registering myself and other persons under this application.



To review the information entered... [Preview](#)

Select Sign and Apply Now for your application. [Sign and Apply Now](#)

### New! Electronic Signature


- Select the ***"Sign and Apply Now"*** button
- Application Date is established:
  - When the ***"Sign and Apply Now"*** button is selected during business hours; OR
  - The next business day, when selected after hours, on weekends or holidays.

# Electronic Signature (cont.)

**Family and Social  
Services Administration**

**navigation**

- Review the Instruction
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

**Apply Online - Finished**  
**Apply Online – Finished!!!**  
Your electronic application for assistance has been received.

- Your confirmation number is: **8036575337**
- Your application is dated the day you submit your application using the electronic signature.
- If submitting after hours, on a weekend, or on a holiday, the application is dated the next business day.

We will contact you about an interview appointment.  
If you would like to check the status of your application, you may contact us toll free at 1-800-403-0864 between 7 am – 7 pm. **Please allow 5 days after submitting your application.**  

You may select Exit to close this window **Exit**

If you wish to have a copy of the information entered, click Print **Print**

Or we can mail the documents to you **Mail to Me**

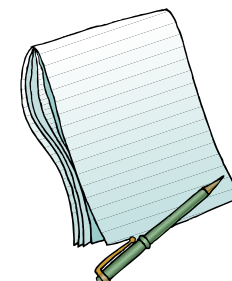
- Keep the confirmation number to follow up on the application
- Select “Print” or “Mail to Me” to get a copy of the application packet



# Shorter Paper Application

## *Available in Spring 2009*

- A new, shorter paper application will be available when applicants print or request a mailed paper application.
- Focus group sessions were held in December 2008 to obtain feedback on the new paper application:
  - Martin Luther King Community Center (Marion County)
  - Heart House, Inc. (Dearborn County)
  - V-CAN Member Focus Group
- Application Packet Contents
  - Information To Get You Started
  - Indiana Application for Assistance
  - Summary of Rights and Responsibilities
  - Authorized Representative form
  - Case-Specific, Bar-coded Document Coversheet







## Shorter Paper Application (cont.)

### Paper Application (printed or mailed)

- User-friendly format with larger font
- Includes a list of supporting documents that may be submitted with the application


  
\*OFFICE0100017XR7\*



Indiana Benefits

**INFORMATION TO GET YOU STARTED**

**A. START HERE - Who Should Use This Form?**

If you can, use our web site [www.in.gov/fssa/apply](http://www.in.gov/fssa/apply) to request Food Stamps, Cash Assistance, or Health Coverage.

**Our web site is the Easiest and Fastest way to get help!**

**B. If You Cannot Use Our Web Site – Use This Form**

- Please use a pen with black ink or dark blue ink
- Please print in capital letters like

First Name
MI
Last Name

ROBIN

JOHNSON

**C. You may send these items with your request for faster processing**

Visit our web site for details. We will keep them private.

For each person, proof of...	Examples of what you can fax or mail copies of ...
Identity	Valid driver's license or student ID
Social Security Number	SSN for each applicant or proof of application for a Social Security Number
US citizenship	Birth certificate, hospital or baptism certificate, other accepted proof of birth
Immigration status	For non-US citizen, alien registration card, permanent resident card, etc
Income/money received	Current pay stub, employer statement of employment termination, self-employment records, social security, VA, etc.
Resources	Current statements for bank accounts, stocks, bonds, trusts; vehicle registration, property tax statements, etc.
Life or burial insurance	Policy, insurance card, statement of value from company
Expenses	Receipts or cancelled checks (rent, mortgage, utilities, child care/support
Medical expense and health insurance	If disabled or over 60 (65 if requesting health coverage) – statement from medical provider, insurance company, or bills/receipts for premiums. Proof of past medical expenses are not required for Medicaid eligibility, but may be used to meet Medicaid spend down.
Proof of pregnancy	If requesting health coverage for pregnancy: medical records or statement from licensed professional; expected due date and number of babies
Guardianship or Power of Attorney	Power of Attorney, Guardianship Order

If you send these items to us by fax, we receive them sooner than if mailed. If you send these items by mail, please send copies and not originals.

See our web site [www.in.gov/fssa/apply](http://www.in.gov/fssa/apply) or call 1-800-403-0864 if you have questions or need help getting these items.

## Shorter Paper Application (cont.)

### Paper Application

- There are only *four* pages for an applicant to complete
- The paper application *should not* be copied and used for multiple applicants
- A physical signature is required
- A signature acknowledges the Summary Notice of Rights and Responsibilities



**Indiana Application for Assistance**  
State Form F1 2512

**4** \*DFRAAAE01 0001 6K80\*

**Instructions:** You must answer items marked with an \* in items 1-4. Other items are optional.

**\* 1. Check the Help Your Household Needs** ☐ Food Stamps ☐ Health Coverage ☐ Cash Assistance

I am applying for myself ☐ Yes ☐ No

If applying for Health Coverage ☐ Applicant lives in Medicaid facility ☐ Application pending for Medicaid waiver services

**\* 2. Head of Household**

\*First JANE MI \*Last SMITH

Home Phone Cell Phone Work Phone

Social Security Number Date of Birth (mm-dd-yyyy)

Gender ☐ M ☐ F Blind, Disabled, or Incapacitated ☐ Yes ☐ No

US Citizen ☐ Yes ☐ No Hispanic or Latino ☐ Yes ☐ No

Race ☐ Asian ☐ Black or African American ☐ White ☐ Other

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

**\* 3. Home Address (Where you live)**

\* Number and Street 123 MAIN STREET Apartment / Lot Number

\* City MARION IN \* ST \* ZIP 46952 \* County

Mailing Address (If different than Home Address) Apartment / Lot Number

City ST ZIP County

**\* 4. Sign** You or your authorized representative must sign. (If an authorized representative signs, the attached Authorized Representative Form must be completed, signed by you and Authorized Representative, and returned with your application). I understand that:


- Under penalty of perjury, all information I have given is complete and correct to the best of my knowledge, including the citizenship or immigration status of each applicant.
- Information that I give is subject to verification by Federal, State, or local officials to determine if the information is factual. If any information is incorrect, Food Stamps or other benefits may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information (7 CFR 273.20X(c)(3)).
- A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting from a felony conviction is not eligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- A person convicted under Federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive Food Stamps and TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Resources all child support rights (arrear, pending, and continuing) which I have against absent parent(s). This assignment is subject to 42 USC SECTION 652(a)(3)(5) as amended.
- If applying for Food Stamps, I am registering all persons required to register for work and perform specific work including cooperative with employment and training activities.
- If applying for health coverage, I assign to the state of Indiana, my rights to medical support and payments for medical care, which I have on behalf of myself and other persons under this application whose rights I am legally assigning. I will cooperate with any and all attempts to obtain payment from any person responsible for paying for that care.
- I have received a copy of the "Summary Notice Regarding Rights and Responsibilities" and I understand all information included on this form.
- To be entitled to Expedited Food Stamp Service, your household must have less than \$150 in monthly gross income and have less than \$100 cash; or be a seasonal/ migrant farm worker with less than \$100 in available cash; or have a combined cash and monthly gross income amount less than the household monthly mortgage and utility expenses. Benefits will be from the filing date.


**\* You or Your Authorized Representative Must Sign** (Check if representative) ☐ Date (mm-dd-yyyy)

## Shorter Paper Application (cont.)

### Summary of Rights and Responsibilities

- Transformed from *five* pages into a *two* page summary
- Easy to read format, provides a summary of applicant rights and responsibilities


  
IDPFIHRE0100017XPA



Indiana Benefits

**Summary of Rights & Responsibilities**

**1**

A summary of your rights and responsibilities for Cash Assistance, Health Coverage, and Food Stamp benefits from the State of Indiana is provided below.

- The rights and responsibilities apply to people who are applying for or receiving benefits.
- Each program has specific requirements. A complete Notice Regarding Rights & Responsibilities is on our web site [www.in.gov/fssa/apply](http://www.in.gov/fssa/apply). You can get a copy at an office of The Division of Family Resources or by calling us at 1-800-403-0864.
- Please be sure that you understand your rights and responsibilities.

**Your Rights.**

1. You may apply for benefits at any time using our web site, by fax, by mail, or in person.
2. The date your complete application is received by us determines the date your benefits begin if you are eligible.
3. You may have someone apply for benefits for you.
4. You may review information in our computer about you.
5. You may request a fair hearing if you disagree with any action on your request.

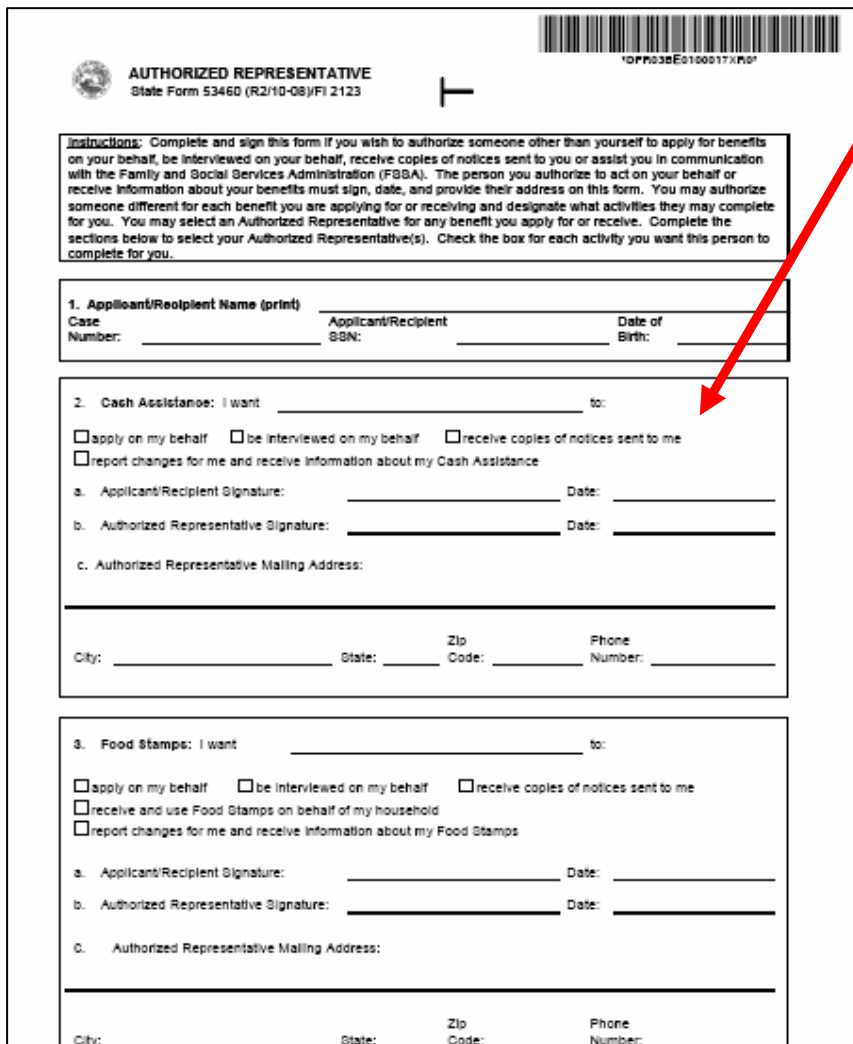
**Your Responsibilities. You must**

1. Answer all required questions on your application and during appointments.
2. Provide a Social Security Number for each applicant or apply for one.
3. Provide the documents showing immigration status if any applicant is an immigrant.
4. Provide complete and correct information to the best of your knowledge or you may be criminally prosecuted.
5. Report everyone who lives with you.
6. Be available for an appointment.
7. Call us to reschedule it if you can not make your appointment.
8. Provide requested papers or allow us to get them.
9. Report changes in your situation.

**Our Responsibilities. We must**

1. Protect your information.
2. Begin processing your application when we receive it.
3. Verify information that you provide.
4. Let you know what additional information we need.
5. Interview you.
6. Help you get information that you have not been able to obtain.
7. Decide on your application within
  - 30 days for Food Stamps and Cash Assistance
  - 45 days for Health Coverage
  - 90 days for Medicaid with disability
8. If you are eligible for Expedited Food Stamp Service, we will provide Food Stamps within seven days of receiving your application.
9. Send a written notice about actions taken on your application.

## Shorter Paper Application (cont.)



**AUTHORIZED REPRESENTATIVE**  
State Form 5346D (R2/10-08)/FI 2123

10F038E0100017X001

**Instructions:** Complete and sign this form if you wish to authorize someone other than yourself to apply for benefits on your behalf, be interviewed on your behalf, receive copies of notices sent to you or assist you in communication with the Family and Social Services Administration (FSSA). The person you authorize to act on your behalf or receive information about your benefits must sign, date, and provide their address on this form. You may authorize someone different for each benefit you are applying for or receiving and designate what activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive. Complete the sections below to select your Authorized Representative(s). Check the box for each activity you want this person to complete for you.

**1. Applicant/Recipient Name (print)**  
Case Number: \_\_\_\_\_ Applicant/Recipient SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Cash Assistance:** I want \_\_\_\_\_ to:  
☐ apply on my behalf ☐ be interviewed on my behalf ☐ receive copies of notices sent to me  
☐ report changes for me and receive information about my Cash Assistance  
 a. Applicant/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 b. Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 c. Authorized Representative Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. Food Stamps:** I want \_\_\_\_\_ to:  
☐ apply on my behalf ☐ be interviewed on my behalf ☐ receive copies of notices sent to me  
☐ receive and use Food Stamps on behalf of my household  
☐ report changes for me and receive information about my Food Stamps  
 a. Applicant/Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 b. Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 c. Authorized Representative Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Authorized Representative Form

- A case-specific, bar-coded Authorized Representative form is contained in the Application Packet
- The form is expanded to two pages, providing more space to write names and addresses

# Recent and Upcoming Enhancements

## *Managing Benefits*

- ✓ Case Status – View Documents Screen (Spring 2009)
- ✓ Simplified Redetermination (Spring 2009)
- ✓ Reminder Phone Calls to Clients (Summer 2009)
- ✓ Document Kiosk (Summer 2009)

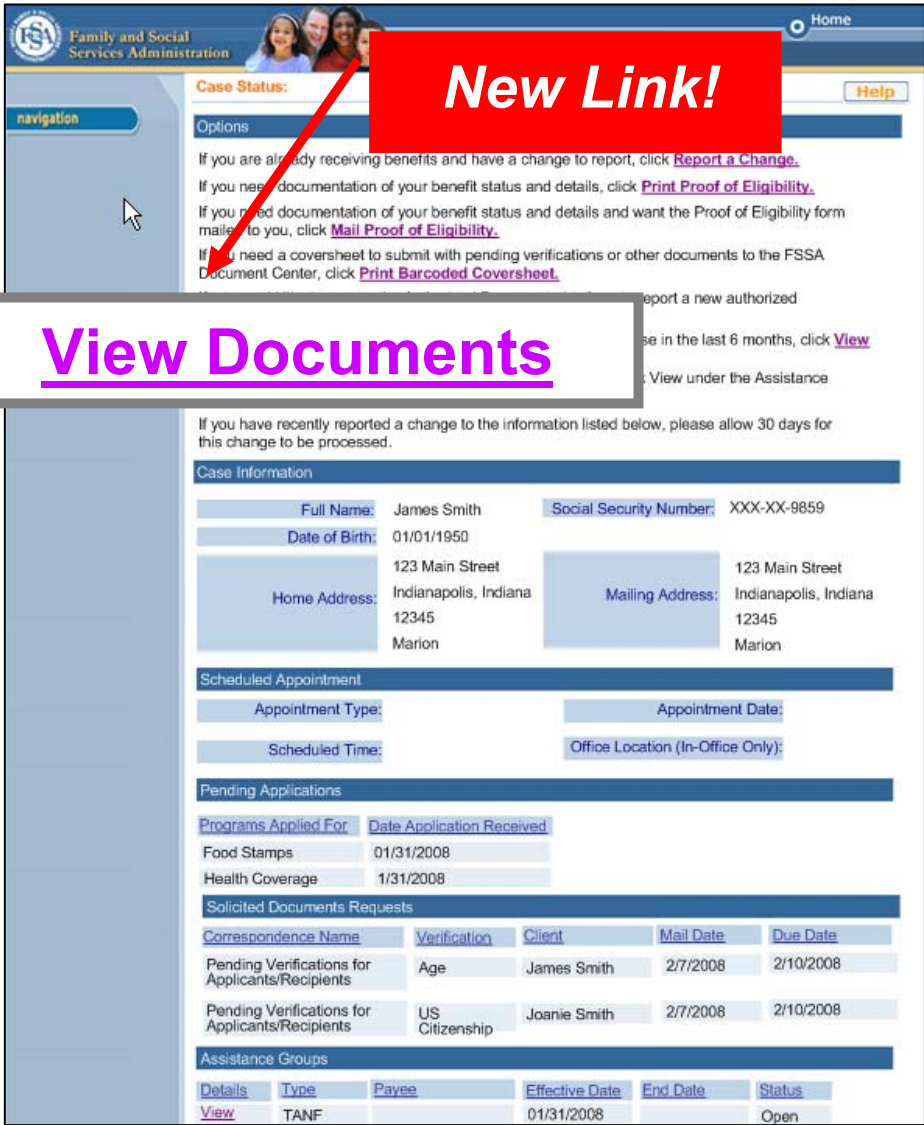




# Case Status – View Documents Screen

Available in Spring 2009

- View a list of documents received for a case within the last six months
- The document name and receipt date will be listed on the screen
- The View Documents screen will be available through the Registered Agency Portal and client-facing online case status screen



**New Link!**

View Documents

**Case Status:**

**Options**

If you are already receiving benefits and have a change to report, click [Report a Change](#).

If you need documentation of your benefit status and details, click [Print Proof of Eligibility](#).

If you need documentation of your benefit status and details and want the Proof of Eligibility form mailed to you, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Barcoded Coversheet](#).

**Case Information**

Full Name:	James Smith	Social Security Number:	XXX-XX-9859
Date of Birth:	01/01/1950		
Home Address:	123 Main Street Indianapolis, Indiana 12345 Marion	Mailing Address:	123 Main Street Indianapolis, Indiana 12345 Marion

**Scheduled Appointment**

Appointment Type:	Appointment Date:
Scheduled Time:	Office Location (In-Office Only):

**Pending Applications**

Programs Applied For	Date Application Received
Food Stamps	01/31/2008
Health Coverage	1/31/2008

**Solicited Documents Requests**

Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants/Recipients	Age	James Smith	2/7/2008	2/10/2008
Pending Verifications for Applicants/Recipients	US Citizenship	Joanie Smith	2/7/2008	2/10/2008

**Assistance Groups**

Details	Type	Payee	Effective Date	End Date	Status
<a href="#">View</a>	TANF		01/31/2008		Open

# Simplified Redetermination

***Available in Spring 2009***

- **Cases including Food Stamps (*non-elderly and non-disabled*)**
  - 6 month review questionnaire
  - 12 month redetermination form and interview
  
- **Cases including Food Stamps (*elderly and disabled*)**
  - 12 month redetermination form and interview
  
- **TANF Cases (*no Food Stamps*)**
  - 12 month redetermination form and interview

# Reminder Phone Calls to Clients

## *Starting in Summer 2009*

- Automated phone calls will be made to clients.
- Calls will provide a reminder of upcoming interview appointments and deadlines for submitting required documentation.
- Clients will receive calls:
  - **Two business days** prior to an application or redetermination interview; and
  - **Four business days** after a 2032 Pending Verifications Notice is mailed



## Document Kiosk

### *Available in Summer 2009*

- Document Kiosks will be piloted in selected local DFR offices.
- Documentation to support an application or redetermination may be scanned in at a kiosk.
- A receipt is provided, listing the documents turned in and any outstanding documents that need to be submitted.
- The kiosk will be tested with clients in a local DFR office.



# Assisting Clients in the New System

- ✓ Registered Agency
- ✓ Agency Registration and Case Status Process
- ✓ V-CAN Communication and Support



## Registered Agency

- Human services agencies registered with the IBM-led Coalition have access to case status for clients who have signed an agency release.
  - Registered agencies have the following access to case status:
    - ✓ Online (through the Registered Agency Portal)
    - ✓ On the phone (Call Center Representative or Automated System)
    - ✓ Case inquiry e-mails (with Specialists)
  - Agencies working **with** clients to follow up on case status, rather than **on behalf of** clients, should become a Registered Agency.
  - Registered Agencies are not Authorized Representatives and have access to case status information only\*
- \* *Registered Agencies cannot report changes, conduct interviews on behalf of a client or receive copies of notices mailed to clients.*



## Registered Agency

- All designated agency staff have access to case status information
- View case status for all clients who have a signed release
- Check case status online or on the phone
- E-mail case inquiry form for service providers
- Speak with Call Center Representative regarding case status

## Authorized Representative

- Only designated individual has access to client information
- May apply on behalf of an applicant \*
- May be interviewed on behalf of applicant \*
- May receive notices the client receives
- May report a change on behalf of client \*
- Check case status online or on the phone
- E-mail case inquiry form for service providers
- Speak with Call Center Representative regarding case status

*\* NOTE: Authorized Representative is liable for information provided*

# Agency Registration and Case Status Process

- Step 1 – Become a Registered Agency
  - The registration process allows the IBM-led Coalition to give your agency access to case status *without* being an Authorized Representative for each client.
- Step 2 – Request Access to Cases
  - Once registered, your agency may request access to cases.
  - Each client must give your agency permission to view his/her case.
- Step 3 – View Case Status
  - Online (through the Registered Agency Portal)
  - On the phone (Call Center Representative or Automated System)
  - Case inquiry e-mails (with Specialists)

# Step 1- Become a Registered Agency

## ■ Registered Agency Portal

- Go to the Registered Agency Portal homepage
- Select the “Request Access to Registered Agency Portal” link



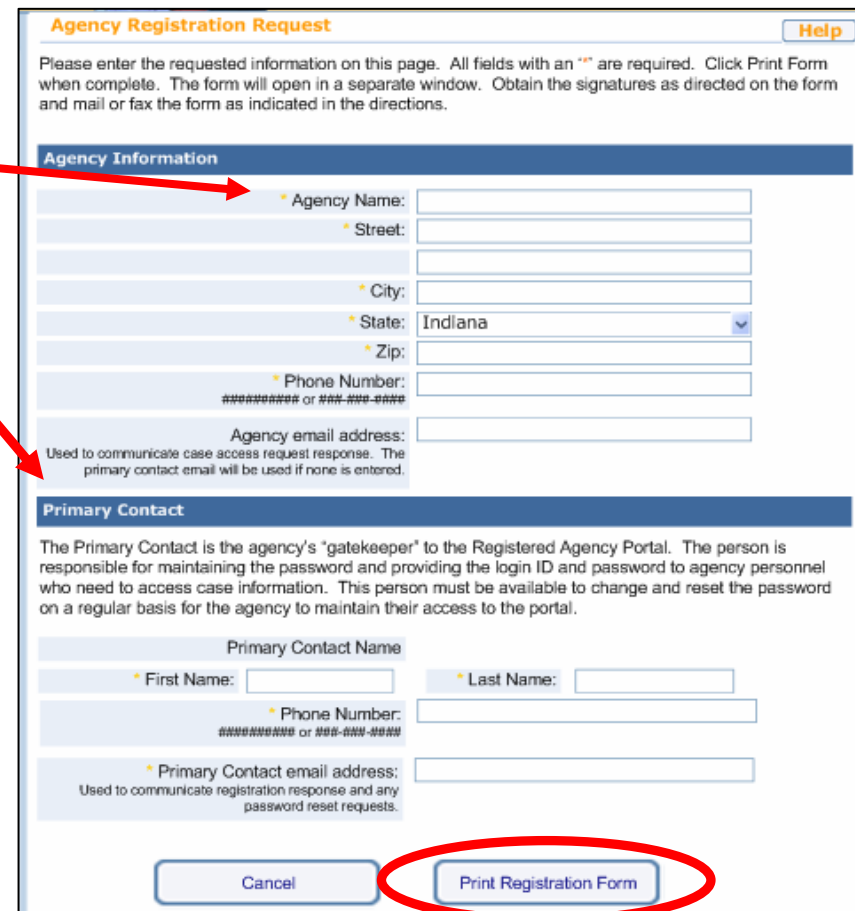
# Step 1 – Become a Registered Agency (cont.)

## ■ Agency Registration Request Page

- Enter your agency name, mailing address, phone number and provide contact information for a Primary Contact person.
- Select the “Print Registration Form” button.

- Enter Agency name, mailing address and phone number
- Complete the Primary Contact section.
- Select the “Print Registration Form” button

**Note:** A new window should open with the Registration Form. If your computer blocks pop-ups, hold down the “Ctrl” key while pressing the “Print Registration Form” button.



**Agency Registration Request** [Help](#)

Please enter the requested information on this page. All fields with an "\*" are required. Click Print Form when complete. The form will open in a separate window. Obtain the signatures as directed on the form and mail or fax the form as indicated in the directions.

**Agency Information**

\* Agency Name:

\* Street:

\* City:

\* State:

\* Zip:

\* Phone Number:   
##### or ###-###-####

Agency email address:   
Used to communicate case access request response. The primary contact email will be used if none is entered.

**Primary Contact**

The Primary Contact is the agency's "gatekeeper" to the Registered Agency Portal. The person is responsible for maintaining the password and providing the login ID and password to agency personnel who need to access case information. This person must be available to change and reset the password on a regular basis for the agency to maintain their access to the portal.

Primary Contact Name

\* First Name:  \* Last Name:

\* Phone Number:   
##### or ###-###-####

\* Primary Contact email address:   
Used to communicate registration response and any password reset requests.

# Step 1 – Become a Registered Agency (cont.)

## ■ Agency Case Status Internet Portal Agreement

- After printing the form, make sure to **sign and mail or FAX** the agreement to the FSSA Service Center.

**Indiana Family and Social Services Administration  
Eligibility Modernization  
Agency Case Status Internet Portal Agreement**

Agency Name (the Participating Agency): ABC Nursing Home  
located at 123 Main Street, Indianapolis, Indiana 12345, wishes to use the Agency Case Status Internet Portal when working with clients of the State of Indiana Family and Social Services Administration (FSSA) public assistance programs. For purposes of this agreement, FSSA public assistance programs include Food Stamps, Cash Assistance (TANF), and Health Coverage (Medicaid) administered by the FSSA Division of Family Resources (DFR).

FSSA will provide limited access to confidential client case status information. This access will be granted solely to assist the Participating Agency in their role of assisting the client with their State of Indiana public assistance benefits. By obtaining Agency Case Status Internet Portal rights, the agency will have access to the following case-specific information:

- View case status of the agency's clients;
- View a list of requests for supporting documentation;
- View all scheduled interview appointments;
- View the names of all Authorized Representatives to a case; and
- View and print a Proof of Eligibility Form.

**Agency Case Status Internet Portal Responsibilities for Participating Agencies**

**Civil Rights Compliance**  
The Participating Agency shall ensure that all civil rights requirements are met. All applicants and recipients are granted civil rights in accordance with Federal laws and US Department of Agriculture, Food and Nutrition Services (USDA) policy that services will be provided without discrimination on the basis of race, color, national origin, age, sex, disability, political beliefs or religion.

**MAIL TO: P.O. Box 1810  
Marion, Indiana 46952  
OR  
FAX TO: 1-800-403-0864**

***Note: The Agreement has a blank Start and End date. The start date may be a date chosen by the agency and the end date may be left blank.***

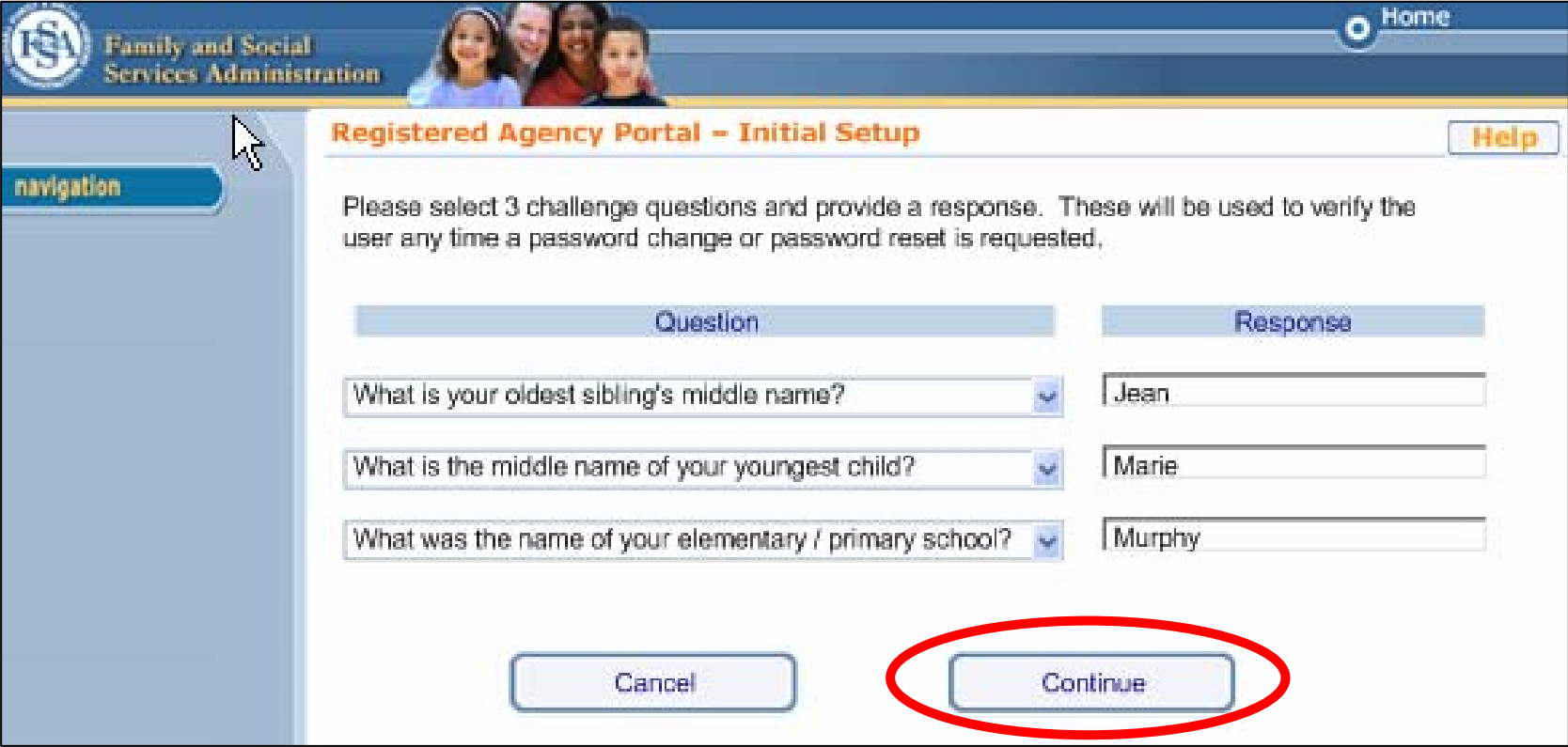
## Step 1 – Become a Registered Agency (cont.)

- The Agency Case Status Internet Portal Agreement will be processed within five business days.
- When approved, the Primary Contact person will receive *two* registration e-mails:
  - Agency Login ID (first e-mail)
  - Agency Password (second e-mail)
- The Primary Contact person is responsible for logging into the site and answering three security questions, which will be used to change or reset the agency password.



# Step 1 – Become a Registered Agency (cont.)

- **Setup Security Questions**
  - Login to the site using the agency Login ID and Password.
  - Select three security questions by choosing from the drop-down boxes.



Home

Family and Social Services Administration

navigation

**Registered Agency Portal - Initial Setup** [Help](#)

Please select 3 challenge questions and provide a response. These will be used to verify the user any time a password change or password reset is requested.

Question	Response
What is your oldest sibling's middle name?	Jean
What is the middle name of your youngest child?	Marie
What was the name of your elementary / primary school?	Murphy

Cancel Continue

## Step 1 – Become a Registered Agency (cont.)

### ■ Change Password

- Once the Primary Contact activates the service and selects three security questions, s/he may change the agency's password by selecting the "Change Password" link.



**Registered Agency Portal Home - Test Agency - 9000007936**

[Search for Cases](#) [View Upcoming Appointments](#) [Request Access to New Case](#) [Change Password](#) [Help](#)

**Agency Information**

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

**Primary Contact**

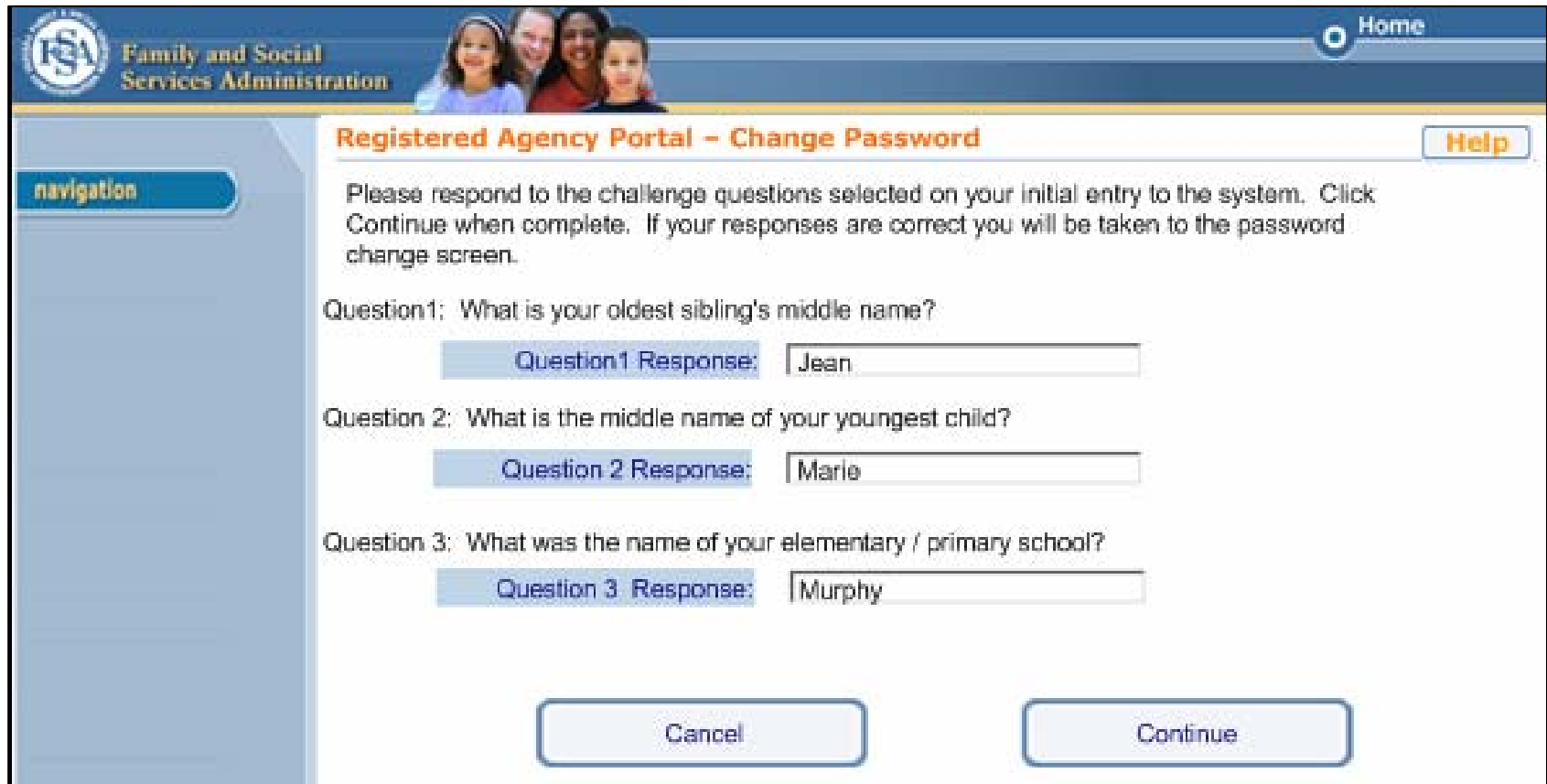
Primary Contact Name:	John Smith
Phone Number:	(000) 000-0000
Primary Contact email address:	jsmith@testagency.org

For changes to agency and contact information, please send a note to [agencyaccesshelp@ifcem.com](mailto:agencyaccesshelp@ifcem.com)

## Step 1 – Become a Registered Agency (cont.)

### ■ Change Password, cont.

- The Primary Contact must respond to the security questions selected when the service was activated.



**Family and Social Services Administration** Home

### Registered Agency Portal – Change Password [Help](#)

Please respond to the challenge questions selected on your initial entry to the system. Click Continue when complete. If your responses are correct you will be taken to the password change screen.

Question1: What is your oldest sibling's middle name?

Question1 Response:

Question 2: What is the middle name of your youngest child?

Question 2 Response:

Question 3: What was the name of your elementary / primary school?

Question 3 Response:

## Step 1 – Become a Registered Agency (cont.)

### ■ Change Password, cont.

- When the Primary Contact responds to the security questions, s/he will be prompted to change the agency's password.



**Family and Social Services Administration**

Home

Change User Password

Help

**Password Details**

\* Current Password:

\* New Password:

\* Confirm Password:

Save Cancel

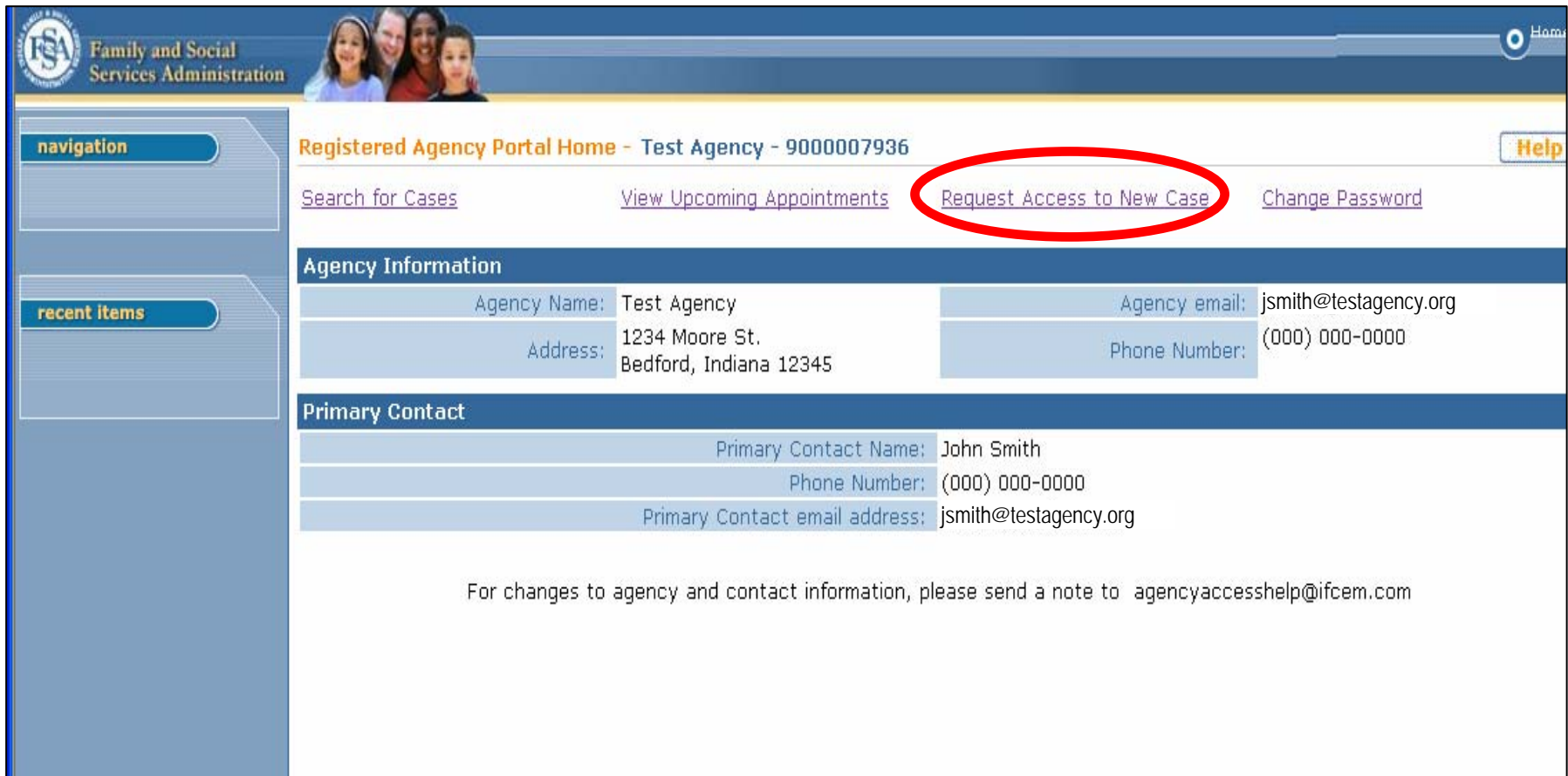
**Passwords may be any combination of letters and numbers up to 60 positions long.**

**NOTE: Passwords expire after 90 days.**

## Step 2 - Request Access to Cases

### Request Access to Cases

- Select the “Request Access to New Case” link.



**Family and Social Services Administration**

**Registered Agency Portal Home - Test Agency - 9000007936**

[Search for Cases](#) [View Upcoming Appointments](#) [Request Access to New Case](#) [Change Password](#) [Help](#)

**Agency Information**

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

**Primary Contact**

Primary Contact Name:	John Smith
Phone Number:	(000) 000-0000
Primary Contact email address:	jsmith@testagency.org

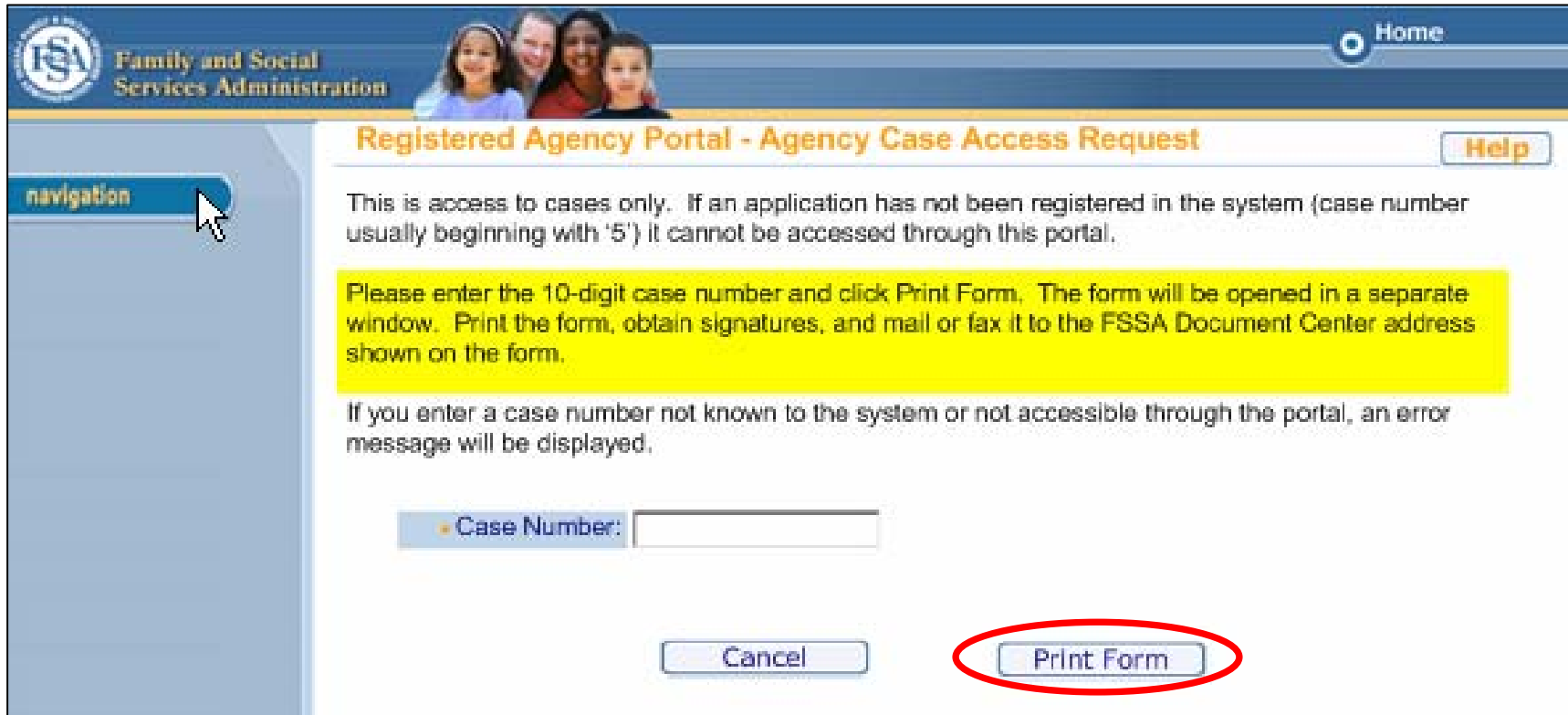
For changes to agency and contact information, please send a note to [agencyaccesshelp@ifcem.com](mailto:agencyaccesshelp@ifcem.com)

## Step 2 - Request Access to Cases (cont.)

- Request Access to Cases, cont.

There are **two** ways to request access to cases:

- 1) Enter the client's 10-digit case number (beginning with a "1") to print a pre-filled client release form; or



The screenshot shows the 'Registered Agency Portal - Agency Case Access Request' page. The header includes the FSA logo, 'Family and Social Services Administration', a photo of a family, and a 'Home' link. A 'Help' button is in the top right. A 'navigation' sidebar is on the left. The main content area has a title 'Registered Agency Portal - Agency Case Access Request' and a 'Help' button. Below the title, a message states: 'This is access to cases only. If an application has not been registered in the system (case number usually beginning with '5') it cannot be accessed through this portal.' A yellow box contains instructions: 'Please enter the 10-digit case number and click Print Form. The form will be opened in a separate window. Print the form, obtain signatures, and mail or fax it to the FSSA Document Center address shown on the form.' Below this, another message says: 'If you enter a case number not known to the system or not accessible through the portal, an error message will be displayed.' At the bottom, there is a 'Case Number:' label next to a text input field. Below the input field are two buttons: 'Cancel' and 'Print Form'. The 'Print Form' button is circled in red.

Home

Family and Social Services Administration

Registered Agency Portal - Agency Case Access Request

Help

This is access to cases only. If an application has not been registered in the system (case number usually beginning with '5') it cannot be accessed through this portal.

Please enter the 10-digit case number and click Print Form. The form will be opened in a separate window. Print the form, obtain signatures, and mail or fax it to the FSSA Document Center address shown on the form.

If you enter a case number not known to the system or not accessible through the portal, an error message will be displayed.

Case Number:


Cancel Print Form




## Step 2 - Request Access to Cases (cont.)

### Request Access to Cases, cont.

- 2) Use the generic **Registered Agency Client Release Form** to request access to cases.
  - A case number is **not required** to use this form
  - The **Registered Agency Client Release Form** is available at [www.in.gov/fssa](http://www.in.gov/fssa), click “*Eligibility Modernization*” and “*Communications*”


  
 \*DFRHBAE01\*


**Authorization For Release of Case Status Information**  
 State Form 53831 (1-09) / DFR 2135

---

**SECTION A: Applicant Information**

Applicant/Recipient Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last four digits of applicant's Social Security Number: \_\_\_\_\_

Applicant/Recipient Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Public Assistance Case Number: \_\_\_\_\_

---

**SECTION B: Entities Authorized to Receive, Use or Disclose**

I authorize the release of information to the following Agency/Organization for the purpose of receiving, make use of, and/or disclose the protected information related to the status my Food Stamp, Cash Assistance and/or Health Coverage case on the secured access FSSA Public Assistance Eligibility Internet site ([www.ifcem.com](http://www.ifcem.com)). The information contained in the status of your case includes all persons on the case, benefit amounts and dates, scheduled interview appointments, view requests for supporting documents and print a Proof of Eligibility form and will be used for the purpose of attaining the current status of your eligibility case.

Agency/Organization: (Receipt of protected case status information is limited to one health care provider per authorization form) \_\_\_\_\_

Agency/Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Agency Phone Number \_\_\_\_\_

---

**SECTION C: Right to Revoke**

The agency will have access to your case status information until you request the access be terminated. I understand I may revoke this authorization at any time by giving either written or verbal notice of my revocation by contacting the FSSA Call Center the address and/or telephone number listed below. Additionally, I may also revoke this authorization at any time by giving written permission to agency/organization referenced on this form. I understand that revocation of this authorization will not affect any action taken by the agency/organization reference in this form in reliance on this authorization before my written notice of revocation was received.

When you have filled out this form, mail or fax it to:

Mailing Address: FSSA Document Center      Fax Number: 1-800-403-0864

## Step 3 - View Case Status

- **Online**  
*(Registered Agency Portal)*



**Registered Agency  
Portal**

- **On the Phone**  
*(Call Center Representative or Automated System)*



**FSSA Call Center**


- **Case Inquiry E-mails**  
*(with Specialists)*




**E-mail Inquiry**

# Step 3 - View Case Status (cont.)

## Registered Agency Portal Homepage

**Family and Social  
Services Administration**



Home

navigation

recent items

**Registered Agency Portal Home - Test Agency - 9000007936**

[Search for Cases](#)

[View Upcoming Appointments](#)

[Request Access to New Case](#)

[Change Password](#)

Help

Agency Information

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000


Primary Contact

Primary Contact Name:	John Smith
Phone Number:	(000) 000-0000
Primary Contact email address:	jsmith@testagency.org


For changes to agency and contact information, please send a note to [agencyaccesshelp@ifcem.com](mailto:agencyaccesshelp@ifcem.com)



# Step 3 - View Case Status (cont.)



Family and Social  
Services Administration



Home

navigation

Registered Agency Portal - Search For Case Access

Help

To search for a case, enter the Search Criteria and click Search.

To view all cases for your agency, leave Search Criteria blank or click Reset, then Search.

To request access to a case not on your Agency's list, click [Request Access to New Case](#)

Search Criteria

Case Number:

First:  Middle/MI:  Last:

Search

Reset

Cancel

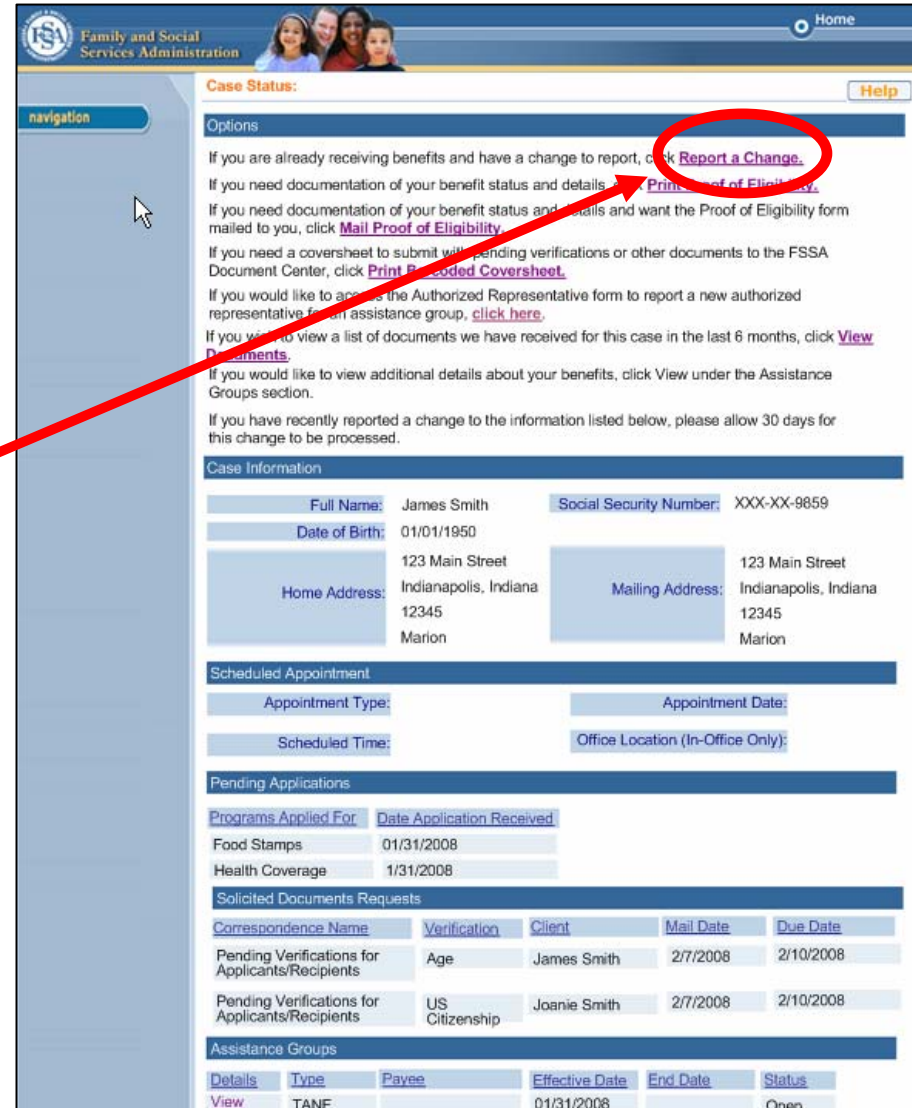
Search Results (Number of Items: 1)

Case Number	Case name	Last 4 SSN	Birth Date
<a href="#">1023258919</a>	Andy Frank	8290	7/10/1972
<a href="#">1033258201</a>	Agnes Frank	3838	10/5/1980
<a href="#">1043252015</a>	Anthony Franklin	3224	3/10/1975
<a href="#">1044258923</a>	Arthur Franklin	3373	10/19/1959

## Step 3 - View Case Status (cont.)

### Online Case Status

- Access client case status, appointment information, solicited documents and the View Documents screen
- Registered Agencies do not have access to the *Report a Change* link



**Case Status:** [Help](#)

**Options**

If you are already receiving benefits and have a change to report, click [Report a Change](#).

If you need documentation of your benefit status and details, click [Print Proof of Eligibility](#).

If you need documentation of your benefit status and details and want the Proof of Eligibility form mailed to you, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Recoded Coversheet](#).

If you would like to access the Authorized Representative form to report a new authorized representative for an assistance group, [click here](#).

If you wish to view a list of documents we have received for this case in the last 6 months, click [View Documents](#).

If you would like to view additional details about your benefits, click View under the Assistance Groups section.

If you have recently reported a change to the information listed below, please allow 30 days for this change to be processed.

**Case Information**

Full Name:	James Smith	Social Security Number:	XXX-XX-9859
Date of Birth:	01/01/1950		
Home Address:	123 Main Street Indianapolis, Indiana 12345 Marion	Mailing Address:	123 Main Street Indianapolis, Indiana 12345 Marion

**Scheduled Appointment**

Appointment Type:	Appointment Date:
Scheduled Time:	Office Location (In-Office Only):

**Pending Applications**

Programs Applied For	Date Application Received
Food Stamps	01/31/2008
Health Coverage	1/31/2008

**Solicited Documents Requests**

Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants/Recipients	Age	James Smith	2/7/2008	2/10/2008
Pending Verifications for Applicants/Recipients	US Citizenship	Joanie Smith	2/7/2008	2/10/2008

**Assistance Groups**

Details	Type	Payee	Effective Date	End Date	Status
<a href="#">View</a>	TANF		01/31/2008		Open

## Step 3 - View Case Status (cont.)

### **New!** Upcoming Appointments View


**Family and Social Services Administration**

 Home

**Registered Agency Portal Home - Test Agency - 9000007936**
[Help](#)

[Search for Cases](#)
[View Upcoming Appointments](#)
[Request Access to New Case](#)
[Change Password](#)

**Agency Information**

Agency Name:	Test Agency	Agency email:	jsmith@testagency.org
Address:	1234 Moore St. Bedford, Indiana 12345	Phone Number:	(000) 000-0000

**Primary Contact**


**Registered Agency Portal - Upcoming Appointments**
[Help](#)

Below is a list of the upcoming Appointments for your agency's cases scheduled within the next two weeks.

To view the case status page for a case, click the **Case Number** link

To return to your agency portal home, click the **Cancel** button

[Click Here to view appointments in past two weeks](#)

[Cancel](#)

**Upcoming Appointment (Number of Items: 1)**

Case Number	Case Name	Appointment Date	Scheduled Time	Office Location(In-Office Only)
<a href="#">3000127435</a>	KELSEY JACKSON	2/18/2009	08:00:00	



## Step 3 - View Case Status (cont.)

### ■ On the Phone

- Speak with a Call Center Representative
  - Ask questions or check case status
  - Call Center Representative will verify that you are calling from a Registered Agency
- Use the 24-hour Automated Phone System
  - Check case status, benefit amount, redetermination month, list of solicited documents and upcoming appointments
  - Use the last four digits of Social Security Number and case number **or** date of birth to check status



**FSSA Call Center**

## Step 3 - View Case Status (cont.)

### ■ Case Inquiry E-mails

- Complete a Case Inquiry Form to submit a case-specific question to a Specialist at the FSSA Service Center.
- A Specialist will respond to the inquiry within **two** business days.
- Inquiries received after 3:00 pm are considered received on the next business day.
- Once a response is provided, you may request a follow-up phone call with the Specialist.
- Your agency must have a signed release form on file for the client or a member of the agency must serve as the client's Authorized Representative to submit a case inquiry.
- E-mail the V-CAN at [vcan@us.ibm.com](mailto:vcan@us.ibm.com) to get a copy of the Case Inquiry Form.

## Step 3 - View Case Status (cont.)

### ■ Case Inquiry E-mails, cont.

**Complete Section A with Agency name and contact information.**

Agency Case Inquiry

*Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B for each client/case for which information is being requested. Send e-mail with form attached to [case\\_help@fsem.com](mailto:case_help@fsem.com). Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.*

**SECTION A – Agency Information** (Completed by requesting Agency)

Agency Name:  Date of Request:

Agency Phone Number (with area code):

Check the access your agency has for the client listed in Section B:

☐ Name of the Author (This person must be authorized)

☐ Agency is registered client/case listed in Section B

☐ Area Agency on Aging status and verifications requested

Requestor Name:

☐ By checking this box, I affirm I am an employee of the Agency named above. I also agree that any confidential client case information being requested is for the purpose of assisting the applicant/recipient, or his/her respective authorized representative to complete an application or redetermination for DFR benefits/services or to manage the client's ongoing DFR benefits/services. I further acknowledge such information will only be disclosed to the applicant/recipient or Agency staff we have designated to assist the client in securing or maintaining DFR benefits/services. Additionally, where applicable, I agree to comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

**SECTION B – Client Case** (Completed in order for this FSSA Case Number: )

Client First Name:

Date of Birth:

Inquiry is Related to:

(Check all that apply. If the program is checked, a concern issue regarding:

**SECTION C – Response**

Date of Response:

Research Result:

Case Action Required:

If Yes (is checked above)

Program(s) Affected:

Case Action Completed:

Member(s) Affected:

**Section D – Follow-up Request**

Date of Follow-up Request:

Phone Appointment Requested:

Agency Case Inquiry

*Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B for each client/case for which information is being requested. Send e-mail with form attached to [case\\_help@fsem.com](mailto:case_help@fsem.com). Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.*

**SECTION A – Agency Information** (Completed by requesting Agency)

Agency Name:  Date of Request:

Agency Phone Number (with area code):

**Check the access your agency has for the client listed in Section B:**

☐ Name of the Authorized Representative at the Agency – First:  Last:

(This person must be authorized to receive case information regarding the person and the program named in Section B.)

☐ Agency is registered with FSSA/DFR and has been granted access to the 'Registered Agency Portal' for the client/case listed in Section B of this form. Note: Information provided to agencies with Registered Agency Portal access for the named client is limited to information related to DFR Case/benefit Status.

☐ Area Agency on Aging: (For AAA only, if no Authorized Representative is listed above, the information released is limited to case status and verifications requested)

Requestor Name:  Requestor E-mail Address:

☐ By checking this box, I affirm I am an employee of the Agency named above. I also agree that any confidential client case information being requested is for the purpose of assisting the applicant/recipient, or his/her respective authorized representative to complete an application or redetermination for DFR benefits/services or to manage the client's ongoing DFR benefits/services. I further acknowledge such information will only be disclosed to the applicant/recipient or Agency staff we have designated to assist the client in securing or maintaining DFR benefits/services. Additionally, where applicable, I agree to comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

If the above box is not checked, we will be unable to fulfill your request for information.

## Step 3 - View Case Status (cont.)

### ■ Case Inquiry E-mails, cont.

- Complete **Section B** with case information and the case question
- **Section C** will be completed by the Specialist
- Complete **Section D** for a follow up request

Agency Case Inquiry	
<p><i>Instructions for an agency's supporting FSSA/DER clients: Complete Sections A and B for each client case for which information is being requested. Send e-mail with form attached to <a href="mailto:ca_help@fssa.com">ca_help@fssa.com</a>. Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.</i></p>	
<p><b>SECTION A – Agency Information</b> (Completed by requesting Agency)</p> <p>Agency Name: _____ Date of Request: _____</p> <p>Agency Phone Number (with area code): _____</p> <p>Check the access your agency has for the client listed in Section B:</p> <p><input type="checkbox"/> Name of the Authorized Representative at the Agency – First: _____ Last: _____ (This person must be authorized to receive case information regarding the person and the program named in Section B.)</p> <p><input type="checkbox"/> Agency is registered with FSSA/DER and has been granted access to the 'Registered Agency Portal' for the client case listed in Section B of this form. <i>Note: Information provided to agencies with Registered Agency Portal access for the named client is limited to information related to DER Case/Status.</i></p> <p><input type="checkbox"/> Area Agency on Aging: (For AAA only, if no Authorized Representative is listed above, the information released is limited to case status and verification requested)</p> <p>Requestor Name: _____ Requestor E-mail Address: _____</p> <p><input type="checkbox"/> By checking this box, I affirm I am an employee of the Agency named above. I do agree that any confidential client case</p>	
<p><b>SECTION B – Client/Case Information</b> (Completed by requesting Agency. All items with an asterisk (*) must be completed in order for this request to be processed.)</p> <p>FSSA Case Number: _____</p> <p>Client First Name: _____ Last Name: _____</p> <p>*Date of Birth: _____ *Last four numbers of SSN: _____</p> <p>*Inquiry is Related to: <input type="checkbox"/> Food Stamps (FS) <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> Healthy Indiana Plan (HIP) (Check all that apply. The Authorized Representative listed in Section A must be authorized to receive information regarding the program(s) checked here.)</p> <p>*Concern/issue regarding this client/case: _____</p>	
<p><b>SECTION C – Response</b> (Completed by FSSA Service Center)</p> <p>Date of Response: _____ Responder ID: _____</p> <p>Research Results: _____</p> <p>Case Action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Case Number: _____</p> <p>If Yes is checked above for Case Action Required, complete following information</p> <p>Program(s) Affected: <input type="checkbox"/> FS <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> HIP</p> <p>Case Action Completed: <input type="checkbox"/> Effective Date of Action: _____</p> <p>Member(s) Affected: _____</p>	
<p><b>Section D – Follow-up Request</b> (Completed by requesting Agency within 3 days of Section C response)</p> <p>Date of Follow-up Request: _____ <input type="checkbox"/> Phone Appointment Needed</p> <p>Concern/issue regarding Section C response for client / case listed in Section B: _____</p>	

# V-CAN Communication & Support

- Communication to V-CAN Members
  - Updated versions of the V-CAN User Guide, V-CAN Q&A and other helpful tips documents are available on the FSSA website.
- V-CAN Client Support Materials
  - Let us know if you need more client support materials for your Access Point or Referral site(s).
- Feedback on the Enhancements
  - We want to hear from you! E-mail [vcan@us.ibm.com](mailto:vcan@us.ibm.com) to let us know how the new enhancements work for you and your clients.

# Questions?

**Find us online!**

**[www.in.gov/fssa](http://www.in.gov/fssa), click on  
“Eligibility Modernization/  
Communications”**

**V-CAN Contact Information**

**[vcan@us.ibm.com](mailto:vcan@us.ibm.com)**